

IAAP CERTIFICATION & RECERTIFICATION APPEAL FORM



TYPE OF APPEAL

Certification **OR** Recertification

Certification Exam Date

Recertification Due Date

Original Certification Date

PERSONAL INFORMATION

IAAP Member/ID Number

Date:

Membership Type : Member Nonmember

Date of Certification

Name (Last/First/Middle):

Full Address:

City:

State/Prov:

ZIP/PC:

Daytime phone #:

Email Address:

APPEAL INFORMATION

I am requesting...

- An extension to complete needed recertification points
- A waiver of late fee
- An extension to make recertification payment
- Moving exam to next year
- Other: _____

Have you made an appeal to the Certification Administrative Committee previously?

- Yes
- No

If yes, please describe the nature of your appeal.

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APPEAL DETAILS

Details of the appeal

Please provide the details of your request in detail. Attach additional files if more space is needed.

I understand that this appeal form will be reviewed by the Certification Administration Committee; I will receive notice from IAAP when a decision has been made. I also understand that the CAP Program's policies regarding appeal processes are provided in the Certification Policies and Procedures Handbook.

Signature of Appellant

Date

PLEASE ATTACH ANY AND ALL DOCUMENTATION YOU HAVE SUPPORTING YOUR APPEAL.

EMAIL: CERTIFICATION@IAAP-HQ.ORG
MAIL: IAAP CERTIFICATION DEPARTMENT
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KANSAS CITY, MO 64114